

**FLORIDA DEPARTMENT OF STATE    DIVISION OF ELECTIONS**  
**CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) McKinley D. Hudson  
 Name

(2) 4445 N.W. 65th Avenue  
 Address (number and street)

Lauderhill, Florida 33319  
 City, State, Zip Code

OFFICE USE ONLY

☐ CHECK IF ADDRESS HAS CHANGED

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

☒ Candidate (office sought): Lauderhill City Commission, Seat 2

☐ Political Committee ☐ CHECK IF PC HAS DISBANDED

☐ Committee of Continuous Existence ☐ CHECK IF CCE HAS DISBANDED

☐ Party Executive Committee

☐ Electioneering Communication ☐ CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

**(5) REPORT IDENTIFIERS**

Cover Period: From 10 / 09 / 10 To 10 / 28 / 10 Report Type G4

☐ Original ☐ Amendment ☐ Special Election Report ☒ Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ - 0 -

Loans \$ - 0 -

Total Monetary \$ \_\_\_\_\_

In-Kind \$ \_\_\_\_\_

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 331.58

Transfers to Office Account \$ \_\_\_\_\_

Total Monetary \$ 331.58

(8) Other Distributions  
 \$ \_\_\_\_\_

(9) TOTAL Monetary Contributions To Date  
 \$ 6,011.00

(10) TOTAL Monetary Expenditures To Date  
 \$ 5,789.00

**(11) CERTIFICATION**

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

(Type name) Lameniece Rowe

☐ Individual (only for electioneering commun.) ☒ Treasurer ☐ Deputy Treasurer

X Lameniece Rowe

Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name) McKinley D. Hudson

☒ Candidate ☐ Chairperson (only for PC, PTY & electioneering commun. organization)

X McKinley Hudson

Signature

# CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Lauderhill City commission, seat 2

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 10 / 09 / 10 through 10 / 28 / 10

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type      Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
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# CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Lauderhill City Commission, Seat 2

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 10 / 09 / 10 through 10 / 28 / 10

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
10/12/10	Office Depot 3245 N. State Road 7 Lauderdale Lakes, Fl.	Office Supplies	MON		\$186.06
1					
10/14/10	Casco Custom Photos Graphics Fort Lauderdale Swap Shop Fort Lauderdale, Fl. 33311	Campaign T-Shirts	MON		\$145.52
2					
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